



COMMUNITY DEVELOPMENT DIVISION

First Time Home Buyer **Loan** Application

2825 3rd Avenue North, Billings, MT 59101 Phone: 406.657.3045 Fax: 406.294.7595

*Please complete the following information in full, sign and return to the above address **with the following attachments for all household members over the age of 18****:*

- ☐ Most Recent Federal Income Tax Return Form 1040, or form 1722 from the Internal Revenue Service.
Please Note: 1040 EZ forms cannot be used to determine household eligibility.
- ☐ W-2 Forms for all employed household members for most recent Federal Income Tax Return year.
- ☐ Income verification for the last two months (wage stubs, benefit information, bank statements, etc.)

****Applications received without all of the above documentation will not be processed.****

APPLICANT INFORMATION

Please write N/A for anything not applying to you.

Full Legal Name:		Email:
Age:	Phone:	<input type="checkbox"/> Length of Time at Present Address:
Address (Street, City, State, Zip):		
<input type="checkbox"/> Rent	Are you currently living in subsidized housing? <i>Receiving housing support, living in non-profit housing, public housing, rent supplements, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrolled in the <i>Family Self Sufficiency Program</i> with the Housing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Own	<input type="checkbox"/> I own and occupy a mobile / manufactured home.	
	<input type="checkbox"/> Other (home, property share, land, etc):	
If you are a <i>STUDENT</i> , are you:		Special Priority Considerations:
<input type="checkbox"/> Legally Married		<input type="checkbox"/> Large household with five or more members.
<input type="checkbox"/> Veteran of the U.S. Military		<input type="checkbox"/> Household includes a disabled individual who requires special home modifications or other considerations based on documented medical need.
<input type="checkbox"/> Parent or Legal Guardian of Dependent Children		
<input type="checkbox"/> Disabled		
Present Employer / Email & Address of human resources contact:		Title:
		Employment Dates:
		HR Phone: Fax:
Previous Employer / Address:		Title:
		Employment Dates:
		Phone: Fax:

CO-APPLICANT / OTHER HOUSEHOLD ADULT INFORMATION

Please write N/A for anything not applying to you. If more than two adults lives in the home, please use the reverse.

Full Legal Name:		
Age:	<input type="checkbox"/> Length of Time at Present Address:	
Address (Street, City, State, Zip):		
<input type="checkbox"/> Rent	Are you currently living in subsidized housing? <i>Receiving housing support, living in non-profit / public housing, rent supplements, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrolled in the <i>Family Self Sufficiency Program</i> with a Housing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Own	<input type="checkbox"/> I own and occupy a mobile / manufactured home.	
	<input type="checkbox"/> Other (home, property share, land, etc.):	
Present Employer / Address (to verify employment):		Title:
		Employment Dates:
		Phone: Fax:
Previous Employer / Address:		Title:
		Employment Dates:
		Phone: Fax:

HOUSEHOLD OCCUPANTS

Please list all individuals living in the home not listed above as applicant or co-applicant.

Name	Age	Dependent?	Relationship

PERSONAL FINANCIAL INFORMATION: Monthly Income & Expenditures				
Please fill out information completely and accurately.				
Monthly Income	Applicant	Co-Applicant	Other:	Other:
Gross (before taxes) Wage / Salary	\$	\$	\$	\$
Other Regular Income	\$	\$	\$	\$
Pension, Annuities, Social Security, etc.	\$	\$	\$	\$
Net Income from Real Estate	\$	\$	\$	\$
Child Support, Alimony Income	\$	\$	\$	\$
Other (explain):	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$
Ongoing Monthly Expenditures Long-Term / Ongoing Obligations Only	Applicant	Co-Applicant	Other:	Other:
Car Loan	\$	\$	\$	\$
Student Loan	\$	\$	\$	\$
Credit Card (Minimum Payments)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Other Consumer Loans:	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$
Income Deductions - Anticipated Expenses for the Next 12 Months				
Will your IRS Form 1040 deductions be roughly the same as last year?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please enter the amount of <i>unreimbursed expenditures</i> anticipated for this household in the following categories; expenses outside of insurance / benefits coverage, medical savings / flex accounts, etc.	Child Care			
	Medical			
	Disability Assistance			
Other anticipated changes (<i>new household member, adoption, business changes, etc.</i>):				
PERSONAL FINANCIAL INFORMATION - Assets				
Please fill out information completely and accurately.				
Bank / Financial Institution	Account Type		Balance	
			\$	
			\$	
			\$	
			\$	
			\$	
Stocks, Bonds, IRAs, 401Ks:			Current Income	
			\$	
			\$	
Receivables (money paid or due to be paid to household member(s) for goods / services):			Value	
			\$	
			\$	
Cash Surrender Value of Life Insurance:			Market Value	
			\$	
			\$	
Other Real Estate Owned / Location – Indicate Title Owner:			Market Value	
			\$	
			\$	
Other Assets (cars, boats, RVs, etc.):			Market Value	
			\$	
			\$	
			\$	
TOTAL ALL ASSETS			\$	

CERTIFICATIONS		All Adult Applicants Must Initial
The undersigned applies for home buyer programs managed through the City of Billings.		
TRUE STATEMENTS: All statements made in this application are true and correct and are made for the purpose of evaluating household eligibility.		
VERIFICATION: Any source named in this application may be contacted for verification of truthfulness.		
APPLICATION: The original application will be retained by the City even if a loan is not approved.		
BROCHURE: I / We have thoroughly read and understand the First Time Home Buyer Program brochure which contains important information about the program including eligibility, procedures and more. If the information contained in the brochure is not fully understood, I have been instructed to contact City staff for assistance.		
INFORMATION: I / We understand that First Time Home Buyer Program information can be obtained by visiting the website: http://ci.billings.mt.us/homebuyer or by calling 406-657-3045.		
HOMEBUYER EDUCATION: I / We understand homebuyer education is REQUIRED BEFORE CLOSING. Information presented at the class is necessary to be an informed consumer, homebuyer and homeowner. Certified workshops are given by the City of Billings in coordination with The Home Center; call 206-2717 to register. I understand the City needs my Certificate of Completion.		
FUNDS AVAILABILITY: I / We understand that First Time Home Buyer funds are available on a first-come first-served basis and are available until funds are depleted. Receiving preliminary approval for the First Time Home Buyer Program does not commit funds to me, the applicant. The funds are committed to those qualified applicants once they are able to receive a loan from a lender and find a home that qualifies for purchase under the City's guidelines.		
LEAD-BASED PAINT: I / We understand that when purchasing a home built before 1978, there is a strong likelihood that the home may contain lead-based paint. I / We acknowledge receipt of a lead-based paint booklet and am responsible for reading and understanding the information provided therein. I / We also understand the City will not provide assistance to purchase homes with chipping, peeling and / or deteriorating paint.		
ASSISTANCE IS A LOAN: I / We understand that monthly payments are not required to pay back this loan and interest is not charged for use of these funds. However, First Time Home Buyer funds MUST BE PAID BACK TO THE CITY when I / we: move out of the home; sell the home; or refinance the home. This loan is secured by a recorded Trust Indenture and Deed Restriction on the property purchased.		
PRIMARY RESIDENCE: I / We understand the First Time Home Buyer program requires me / us to occupy the property purchased as a PRIMARY RESIDENCE.		
ILLEGAL USE: I / We certify the property purchased may not be used for any illegal or restricted purpose.		
FIRST TIME HOME BUYER STATUS: I hereby declare my status as a First Time Home Buyer for the City of Billings assistance program using the following definition(s): <input type="checkbox"/> I / We have not owned a home in the past three (3) years. <input type="checkbox"/> I / We own and occupy a mobile home. <input type="checkbox"/> I am a displaced homemaker who owned a home with my spouse while I was married.		
SIGNATURES		
I / We fully understand it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above parts as applicable under the provisions of Title 18 US Code - Section 1014.		
Applicant:	Date:	
Co-Applicant:	Date:	

<p>INFORMATION FOR GOVERNMENT MONITORING PURPOSES</p> <p><i>The following information is required by the Federal Government to monitor this program’s compliance with Equal Opportunity and Fair Housing laws. The law provides that a lender may not discriminate on the basis of this information, whether or not it is furnished. FURNISHING THIS INFORMATION IS OPTIONAL.</i></p> <p>IF YOU DO NOT WISH TO FURNISH THE FOLLOWING INFORMATION, PLEASE SIGN YOUR NAME BELOW.</p>			
APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</i>		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</i>	
I am a disabled individual. <input type="checkbox"/> Yes <input type="checkbox"/> No I have dependent(s) living in the home that is/are disabled. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as having a physical or mental condition limiting movements, senses or activities.</i>		I am a disabled individual. <input type="checkbox"/> Yes <input type="checkbox"/> No I have dependent(s) living in the home that is/are disabled. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as having a physical or mental condition limiting movements, senses or activities.</i>	
Please mark only one of the following categories:		Please mark only one of the following categories:	
<input type="checkbox"/>	<i>White</i> - A person having origins in any of the original peoples of Europe, North Africa, or Middle East.	<input type="checkbox"/>	<i>White</i> - A person having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/>	<i>Black or African American</i> - A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/>	<i>Black or African American</i> - A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	<i>Asian</i> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	<input type="checkbox"/>	<i>Asian</i> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/>	<i>American Indian or Alaska Native</i> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.	<input type="checkbox"/>	<i>American Indian or Alaska Native</i> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
<input type="checkbox"/>	<i>Native Hawaiian or Other Pacific Islander</i> - A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.	<input type="checkbox"/>	<i>Native Hawaiian or Other Pacific Islander</i> - A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	<i>American Indian or Alaska Native & White</i> - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	<i>American Indian or Alaska Native & White</i> - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	<i>Asian & White</i> - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	<i>Asian & White</i> - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	<i>Black or African American & White</i> - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	<i>Black or African American & White</i> - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	<i>American Indian or Alaska Native & Black or African American</i> - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	<i>American Indian or Alaska Native & Black or African American</i> - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	<i>Other Multi-Racial</i> - For reporting individual responses not included in any of the other categories listed above.	<input type="checkbox"/>	<i>Other Multi-Racial</i> - For reporting individual responses not included in any of the other categories listed above.
<input type="checkbox"/> I do not want to furnish this information.			
Applicant:		Date:	
Co-Applicant:		Date:	



COMMUNITY DEVELOPMENT DIVISION

Release of Information for Eligibility Verification

2825 3rd Avenue North, Billings, MT 59101 Phone: 406.657.3045 Fax: 406.294.7595

Purpose: Signatures on this Release of Information form authorizes the City of Billings to obtain information from a third party relative to your eligibility and continued participation in the City’s First Time Home Buyer program.

Instructions: Each adult member of the household must sign this Release of Information for Eligibility Verification form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Information Covered: Inquiries may be made about items initialed by applicant(s). Failure to provide information may result in a delay or rejection of your eligibility approval.

All Sources	Applicant Initials	Co-Applicant Initials
Income		
Assets		
Credit Report		

Authorization: I authorize the City of Billings to obtain information about me and my household that is pertinent to eligibility for participation in the City’s First Time Home Buyer program.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a federally-funded program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on this federally-funded program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN.

I acknowledge:

- A photocopy of this form is as valid as the original.
- I / We have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- I / We have the right to copy information from this file and to request correction of information I / we believe inaccurate.
- All adult household members are required to sign this form and cooperate in this process.

Person(s)	Printed Name	Signature	Date
Applicant			
Co-Applicant			
Other Adult Family Member			
Other Adult Family Member			
Other Adult Family Member			



COMMUNITY DEVELOPMENT DIVISION
Media Waiver & Release

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Dear Applicant:

Stories are important to funders of the First Time Home Buyer program!

Please consider allowing City staff to utilize your photograph and story to help further the program by signing the consent below.

Thank you!

Community Development Staff

I / We, the undersigned, as applicant(s) for the First Time Home Buyers Program, hereby offer and authorize the City of Billings to utilize any of the images, recordings, photographs, or video, of myself and / or my child(ren) taken during my participation in the First Time Home Buyers Program in Billings for future training, promotional, and / or educational purposes.

I / We understand that images, likenesses, and / or comments may be reproduced and included in any media utilized by the City of Billings to achieve promotional purposes, including but not limited to television, print, and internet media.

I / We specifically grant the City of Billings the absolute right and permission to use names, recorded voices, comments, images, likenesses and biographic information for no consideration and at no cost to the City of Billings. I understand that all interviews, photographs, and video footage shall remain the sole property of the City of Billings. I hereby waive any claims that I may have, and specifically release the City of Billings and its employees and staff from liability of claims arising out of the use of my image or likeness.

Printed Name

Signature

Date

Printed Name

Signature

Date



Billings

PLANNING
& COMMUNITY
SERVICES

Community Development Division

2825 3rd Ave. N
Billings, MT 59101
6th Floor
P 406.657.8281
TTY 711

To: All Applicants

Re: Household member with zero income

The income of all household members 18 or older is included in the household income used to determine eligibility. If there is a household member that is 18 or older, who does not receive any income on the following form, that household member will need to complete, sign, and return to Community Development. Please read the form carefully to ensure income is not received from any of the sources listed. If **any household member that is 18 or older** receives income from any of the sources, we will need a copy of the documentation of the income source.

Please feel free to call 406- 657-3045 if you have any questions.

billingsmt.gov



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Division**

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Certification of Zero Income

(To be completed by household members over the age of 18)

Household Name: _____

Member Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Scentsy, Mary Kay, etc.);
 - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for any necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in legal action.

Household Member Signature Date